



**Bonne A. McHenry**  
**762 Greenfield Road, Peterborough, NH 03458**  
**603-547-2465**

**APPLICATION TO PREPARE QUALIFIED DOMESTIC RELATIONS ORDER**

The Plan Participant or Divorced Spouse should complete as much of the information below as possible and mail to the above address. Fees must be prepaid, either by check or credit card (online), in the amount of \$400. Phone consultations are included. Please note: If you are unable to provide the requested information, additional time may be required to prepare the QDRO. Please call Bonne A. McHenry, if you would like assistance of any kind in this matter.

(PLEASE PRINT)

YOUR NAME \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_  
YOUR ADDRESS \_\_\_\_\_  
YOUR TELEPHONE NUMBER(S) \_\_\_\_\_

YOUR ATTORNEY/MEDIATOR'S NAME \_\_\_\_\_  
FIRM/COMPANY'S NAME \_\_\_\_\_  
FIRM/COMPANY'S ADDRESS \_\_\_\_\_  
FIRM/COMPANYS PHONE NUMBER \_\_\_\_\_

DATE MARRIED \_\_\_\_\_  
DATE SEPARATED \_\_\_\_\_  
DATE DIVORCED \_\_\_\_\_  
DETERMINATION DATE TO VALUE BENEFIT \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_  
SPOUSE'S ADDRESS \_\_\_\_\_  
SPOUSE'S TELEPHONE NUMBER(S) \_\_\_\_\_

SPOUSE'S ATTORNEY/MEDIATOR'S NAME \_\_\_\_\_  
FIRM/COMPANY'S NAME \_\_\_\_\_  
FIRM/COMPANY'S ADDRESS \_\_\_\_\_  
FIRM/COMPANYS PHONE NUMBER \_\_\_\_\_

NAME OF PARTICIPANT IN PLAN(S) \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
EMPLOYER #1 NAME \_\_\_\_\_  
EMPLOYER #1 ADDRESS \_\_\_\_\_  
EMPLOYER #1 BENEFITS DEPT. CONTACT NAME \_\_\_\_\_  
EMPLOYER #1 BENEFITS DEPT. CONTACT PHONE NUMBER \_\_\_\_\_  
EMPLOYER #1 PLAN NAME \_\_\_\_\_  
EMPLOYER #1 PLAN NAME (IF ADDITIONAL PLAN) \_\_\_\_\_

**APPLICATION TO PREPARE QUALIFIED DOMESTIC RELATIONS ORDER**

(Continued)

EMPLOYER #2 NAME \_\_\_\_\_  
EMPLOYER #2 ADDRESS \_\_\_\_\_  
EMPLOYER #2 BENEFITS DEPT. CONTACT NAME \_\_\_\_\_  
EMPLOYER #2 BENEFITS DEPT. CONTACT PHONE NUMBER \_\_\_\_\_  
EMPLOYER #2 PLAN NAME \_\_\_\_\_  
EMPLOYER #2 PLAN NAME (IF ADDITIONAL PLAN) \_\_\_\_\_

The following items **must** accompany this application:

- Check (if applicable) for full amount made payable to:  
McHenry QDRO Consulting, LLC
- Copy of the page or pages of the Marital Settlement Agreement or final divorce order provisions describing division of retirement benefits
- Copy of the page from the court, stating that the divorce is final

Also, *if possible*, please include the following:

- Copy of recent benefit statement(s)

I acknowledge that, by my signature on the forthcoming QDRO, I agree to hold McHenry QDRO Consulting, LLC, harmless from any claims or disputes I may have now or in the future with regard to pension benefits which are or are not paid based on language in the Order resulting from information my attorney/mediator or I have provided or resulting from information that has not been provided to McHenry QDRO Consulting, LLC.

PRINT CLIENT NAME \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_